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## BIB DATA SHEET

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**APPLICANTS**

Kirk D. Swenson, North Caldwell, NJ;  
 James C. Schneider, Wayne, NJ;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NJ	12	9	1

**ADDRESS**

David W. Hight, VP & Chief IP Counsel  
 Becton, Dickinson and Company  
 (The Webb Firm)  
 1 Becton Drive, MC 110  
 Franklin Lakes, NJ 07414-1880  
 UNITED STATES

**TITLE**

Safety blood collection holder

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